

SMALL ANIMAL ADOPTION PROFILE

Date: ____/____ Time: ___:___

Please Remember to Complete the Back

Adopter Information

First Name	Last Name		
Address			
City	State	Zip Code	
Primary Phone Number	Secondary Phone Numb)er	
Email Address			
Do you: Rent Live wit	th Parents Own		
Type of Residence (house, apartment, etc.)			
Name and Phone Number of Land Lord (if a	applicable):		

Current Pets

Pet's Name	Species/Breed	Age (Approx.)	Spay/Neuter (Y/N)	Male/Female
Are the above pets curr	rent on all vaccinations:	Yes No		
Are the above pets lice	nsed: Yes No			
Do you have a regular veterinarian?: Name		Phone:		

Match Questionnaire

In my home there areadults (including myself).
In my home there are kids (please list ages)
Does anyone have allergies to animals or hay/alfalfa:
Who will be the primary caretaker?
Is this pet a gift?: Tyes INo

Reason for Adopting: Companion For Children Companion for Pet Breeding Classroom
How will the pet be housed?: Inside Cage Outside Hutch Loose in house In garage
Are you prepared to take this pet with you if you move?: Yes No
Under what circumstances would you not keep this pet?:
What will happen to the pet if you go out of town:
How many hours each day will you be interacting with the pet?:
How much do you expect to spend each year on this pet (cage, food, supplies, etc):
Have you ever owned this type of pet? Yes No If yes, what how long ago and what happened to the pet?
Would you like us to discuss any of these topics with you today?: Litterbox Training Indoor v Outdoor Hand Socialization Exercise Requirements Diet Caging Proper Handling Your pet and kids
How did you hear about us? Previous Adoption Internet Word of Mouth Television PetFinder Webpage HSSC booth at event Other:
Office Use Only
Adoption Counselor Name: Initials: Date
Notes: